

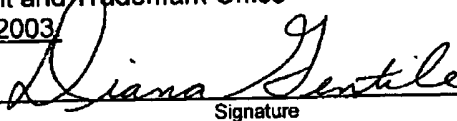
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Practitioner's Docket No. MPI99-037P1RCP1M
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PATENT

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Transmittal with Request for Extension of Time

2 pages—in duplicate

Total

5 pages (including cover)

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Practitioner's Docket No. MPI99-037P1RCP1M

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Wei Gu
Application No.: 09/851,595
Filed: May 8, 2001
For: NOVEL G-PROTEIN COUPLED RECEPTORS AND USES THEREFOR

Group No.: 1646

Examiner: P. M. Mertz

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith for this application is/are:
This Transmittal which includes a request for a 1 month extension of time in the referenced application (2 pages - in duplicate).

STATUS

2. Applicant is other than a small entity.

PETITION FOR EXTENSION OF TIME

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(3)) for a one month extension:

Fee: \$110.00

Extension fee due with this request \$110.00

CERTIFICATION UNDER 37 C.F.R. SECTIONS 1.8(a) and 1.10*

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

- ☐ deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
37 C.F.R. SECTION 1.8(a)

37 C.F.R. SECTION 1.10*

- ☐ with sufficient postage as first class mail.

- ☐ as "Express Mail Post Office to Addressee"
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TRANSMISSION

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Signature

Diana Gentile

(type or print name of person certifying)

Date: September 18, 2003

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(Page 1 of 2)

Practitioner's Docket No. MPI99-037P1RCP1M

If an additional extension of time is required, please consider this a petition therefor.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)			(Col. 2)		(Col. 3)	OTHER THAN A SMALL ENTITY		
Claims Remaining After Amendment			Highest No. Previously Paid For		Present Extra	Rate	Addit. Fee	
Total	0	Minus	0	=	0	\$18.00	=	\$0.00
Indep.	0	Minus	0	=	0	\$84.00	=	\$0.00
First Presentation of Multiple Dependent Claims			0			\$280.00	=	\$0.00
						Total Addit. Fee	\$0.00	

Total additional fee for claims required \$0.00

FEE PAYMENT

5. Charge Account No. 501668 the sum of \$110.00 (which includes the \$110.00 extension fee and the \$0.00 additional fee for claims). A duplicate of this transmittal is attached.

FEE DEFICIENCY

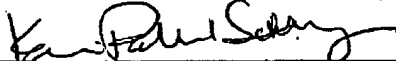
6. If any additional extension and/or fee is required, charge Account No. 501668.
If any additional fee for claims is required, charge Account No. 501668.
7. Correspondence Address
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Customer Number 30405
OR
Intellectual Property Department
MILLENNIUM PHARMACEUTICALS, INC.
75 Sidney Street
Cambridge, MA 02139

September 18, 2003

MILLENNIUM PHARMACEUTICALS, INC.

By



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